



Wyoming Game & Fish Department Local Conservation Day Camps

Parent Information Letter: Casper

June 16, 17 & 18, 2020

Registration -- to register, please do so online at:

<https://wgfd.wyo.gov/Education/Conservation-Education/Summer-Camps>

Camp Location: Beartrap Meadows Park (on Casper mountain).

Directions: Take WY-251 S/Casper Mountain Rd to the South, going up Casper Mountain; the park will be on your right about 9 miles out of town.

Pick up & Drop off: Please plan to drop your child off at 9a.m. and pick them up at 3p.m.

Contact information of camp director: If you have any questions or concerns, please contact Owen Carroll at Owen.carroll@wyo.gov / 801-518-8235 or Ashley Leonard at 307-421-3678 / ashley.leonard@wyo.gov

What to bring each day: Campers should arrive at camp each day with weather-appropriate clothing (i.e. rain gear if rain is predicted, warm layers if it's cool etc.), a **snack, lunch, sunscreen**, and a **water** bottle. Campers also need to wear supportive and protective shoes such as gym shoes, keens, or hiking boots. Please do not wear Crocs or flip-flops.

We want to make all camp participants aware of the modifications and protocols that may be implemented during our 2020 summer camp programs. Camps will be abiding by the current Governor's recommendations and local variance orders for the safety of participants. These following may be implemented for the safety of participants and staff:

- We will be adapting our camp activities to maintain 6 ft social distancing at all possible times.
- We will be providing cloth face coverings (masks) and asking participants to wear them at all times except for when eating (or in individual cabins at overnight camps).
- Camp participants will be asked to wash or sanitize their hands before and after eating, after using the restroom, before and after touching any camp equipment and after each camp activity using restroom sinks or provided hand sanitizer.
- We will be sanitizing common spaces at least twice daily, and sanitizing cabins entirely between overnight camp programs.

- We will be screening participants with a brief symptom questionnaire and taking temperatures with no-contact temporal thermometers each day to monitor for COVID-19 symptoms.
- If symptoms are detected or reported by any camp staff or participant, the sick person will immediately be sent home (day camps). Emergency medical care will be sought if necessary. Other camp participants will be notified, and the remainder of the camp will be cancelled with refunds issued. All camp staff and participants who interacted with a camper or staff member who tests positive for COVID-19 will be notified and expected to self-isolate at home for 14 days.

General Schedule (subject to minor changes in order/adaptations to weather conditions):

Day 1: Landscapes & Habitat

- Drop off= 9:00am
- Attendance & Introduction to rules & expectations
- Team builder/warm up activity
- Intro to habitats & adaptations
- Navigating our landscape: Using a Compass
- Camouflage game
- Lunch
- Plant communities & patterns on the landscape
- Guest Speaker
- Wrap up discussion/closing out the day
- Pick up=3:00 pm

Day 2: Terrestrial & Aquatic Wildlife

- Drop off= 9:00am
- Attendance
- Bioblitz with field guides
- "Oh Deer": wildlife population dynamics
- Make a dichotomous key
- Lunch
- Macroinvertebrate water quality study

- Wildlife ID quiz with pelts & furs + wildlife adaptations
- Wrap up discussion/closing out the day
- Pick up=3:00 pm

Day 3: Conservation & Recreation

- Drop off=9:00am
- Attendance
- Archery / Spincasting
- Lunch
- Archery/ Spincasting
- Fish passage obstacle course
- Guest Speaker
- Predator/prey dynamics game
- Wrap up discussion/closing out the day 2:45-3:00pm
- Pick up = 3:00pm

Medication/Allergies

Any allergies, medications (daily medication, epi-pen, inhaler), or injuries that could impact your child's participation need to be explained to the camp staff. Please give any medications and written instructions to the camp staff if they need to be administered during the camp day. All of our camp staff have current First Aid and CPR training, and various staff members have additional emergency medical training as well.

Code of Conduct

The code of conduct is a precautionary measure used in an attempt to ensure that each participant has a safe and fun time at camp. These rules apply to everyone at camp. Camp staff will address inappropriate camp behavior at their discretion and notify parents if necessary. Unacceptable behavior, which will result in immediate dismissal from camp includes: possession of illegal drugs, alcoholic beverages, matches/ lighters, or weapons at camp or adjacent area, as well as unsportsmanlike conduct, which includes but not limited to: disrespect, vulgarity, profanity, disorderly conduct, bullying, or flagrantly abusing any facility, grounds, or equipment.

Cell phone/electronics policy

If participants bring cell phones or other electronics to camp, they *must* remain put away in a backpack or otherwise out of sight at all times. If these items are seen once, the participant will receive a warning. If seen again, the item will be held by a staff member and returned to the child/parent of the child at the conclusion of the day.

Medical information & Liability Waiver forms

Participants must bring completed copies of the following forms to their first day of camp, otherwise they will not be permitted to participate.

Camp Wild Day Camp - Medical Information Form

The following information will only be used in case of an emergency and will remain confidential.

Participant name (print): _____

Participant date of birth (mm/dd/yyyy): _____

Please list:

Current medications & what they treat	Allergies	Dietary Restrictions	Any other medical conditions

Is asthma a concern? ☐ yes ☐ no

This medical history questionnaire is correct and complete to the best of my knowledge. In case of medical emergency, I give my permission for employees of the Wyoming Game and Fish Department to render all possible aid and to seek medical treatment for my child at the nearest doctor's office, clinic, or hospital.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, please contact (*name, phone number*) _____

**GENERAL RELEASE OF LIABILITY AND MEDICAL CONSENT AGREEMENT FOR
MINOR CHILD**

ALL parents/guardians of participants must sign this release.

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I have the authority to execute this General Release of Liability and Medical Consent Agreement for my minor child. I consent to my minor child's participation in the activities at the Camp Wild Program. I agree to release, hold harmless, and waive all claims against the Camp Wild Program, the State of Wyoming, the Wyoming Game and Fish Commission, the Wyoming Game and Fish Department, and their officers, agents, servants, volunteer instructors, and employees ("Released Parties") from any and all liability or cause of action arising out of any personal injury or death, or any damage or loss of property, and any other loss, damage, or expense of any kind arising out of my minor child's participation in the Camp Wild Program. I acknowledge the Released Parties will not be responsible for, nor legally liable for, any damage or loss of property or bodily or personal injury or death suffered in conjunction with any activities associated with the Camp Wild Program, regardless of fault. I further recognize that the Released Parties retain sovereign immunity as provided pursuant to Wyoming law.

I acknowledge that there are inherent risks of physical injury or illness to Camp Wild Program participants, and I agree to assume the full risk for any personal injury or death associated with my minor child's participation in the Camp Wild Program, and I waive and relinquish any and all claims for personal injury or death, or any damage or loss of property, and any other loss, damage, or expense of any kind that my minor child, my insurer, or my minor child's estate may have or which my minor child may have or which may accrue to said child on account of his/her participation in the Camp Wild Program, including but not limited to inherent risks of any sport or recreational opportunity as defined pursuant to the Wyoming Recreation Safety Act, Wyoming Statutes §§ 1-1-121 through 1-1-123.

I consent to my minor child receiving first aid and other emergency medical treatment in the event of an injury or illness incurred during my minor child's participation in the Camp Wild Program, and I waive and relinquish any and all claims for any personal injury or death, or any damage or loss of property, and any other loss, damage, or expense of any kind that I, my insurer, or my minor child's estate may have against the Released Parties arising out of such treatment. I give permission for the Released Parties to seek emergency medical services for my minor child, should he/she become injured or ill during his/her participation in the Camp Wild Program, with the understanding that I am responsible for any expenses incurred. I understand that the Released Parties do NOT provide any medical insurance coverage for minor children participating in the Camp Wild Program.

I further understand and agree that my minor child must abide by the general rules and conduct prescribed for the Camp Wild Program, and that violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the program. **I have read and understood this General Release of Liability and Medical Consent Agreement, and have voluntarily signed this Agreement.**

First Parent/Guardian

Name(printed): _____

**First Parent/Guardian's relationship to minor child identified
above:** _____

First Parent/Guardian signature: _____

Date: _____

Second Parent/Guardian

Name(printed): _____

**Second Parent/Guardian's relationship to minor child identified
above:** _____

Second Parent/Guardian Signature: _____

Date: _____

Additional (if applicable) Parent/Guardian

Name(printed): _____

**Additional (if applicable) Parent/Guardian's relationship to minor child identified
above:** _____

Additional (if applicable) Parent/Guardian

Signature: _____ **Date:** _____

**If there are more than three Parents/Guardians for the minor child identified above, please
request an additional form for the remaining Parents/Guardians to sign.**